

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031646

STATE FILE NUMBER

Registration District No. 65

Primary Registration District No. 5250

Registrar's No. 83

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED AUG 27 1963

1. PLACE OF DEATH

a. COUNTY

CHARITON

b. CITY (If outside corporate limits, give TOWNSHIP only)

BRUNSWICK TWP.

Length of stay in 1b

17 YRS.

c. FULL NAME OF (If NOT in hospital, give location)

2 1/2 mi. N. of BRUNSWICK

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence: before admission)

a. STATE

MO.

b. COUNTY

CHARITON

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

2 1/2 mile N. of BRUNSWICK

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First

Middle

Last

KARL

MAXWELL

TWYMAN

4. DATE OF DEATH

Month

Day

Year

AUG

19

1963

5. SEX

M

6. COLOR OR RACE

W-

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

1-23-1907

9. AGE (last birthday)

56

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 Hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMING

10b. KIND OF BUSINESS OR INDUSTRY

FARMER

11. BIRTHPLACE (City and state or country)

Bosworth, MO.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JESSE ALBERT TWYMAN

13b. MOTHER'S MAIDEN NAME

FANNIE BELL MORITZ

14. NAME OF HUSBAND OR WIFE

ENNICE TWYMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

ENNICE TWYMAN, BRUNSWICK MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Massive coronary thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Terminal

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Chronic myocarditis

2 years

DUE TO (c)

Hypertension

21 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan. 1960 to Aug. 19, 1963 and last saw him alive on Aug. 18, 1963

Death occurred at Aug. 19 - 2:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

BRUNSWICK, MO.

22c. DATE SIGNED

8-20-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Aug. 21-1963

23c. NAME OF CEMETERY OR CREMATORIUM

McCullough

23d. LOCATION (City, town, or county)

Triplitt MO.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Heisel-Koch, Brunswick MO

Aug 20-1963

Dovie Smith

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 30 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*William R. Koch*

Licensed Embalmer No. 4751

P. O. Address Brunswick, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.